April 2, 2020

| SOUTH | STATES DISTRICT CO ERN DISTRICT OF NE | W YORK | v | | | | | | |
|---------|---|--|--------------|-------------|------------|-------|-----|--|------------|
| | STATES OF AMERIC | | X | | | | | | |
| | - | <i>!-</i> | | | | | | HT TO BE | PRESENT AT |
| Roharil | Cruz , | Defendant | | | 21 | -CR- | 502 | (PMH) | |
| Check I | Proceeding that App | <u>lies</u> | | | | | | | |
| x | Arraignment | | | | | | | | |
| | I have been given a copy of the indictment containing the charges against me and have reviewed it with my attorney. I understand that I have a right to appear before a judge in a courtroom in the Southern District of New York to confirm that I have received and reviewed the indictment; to have the indictment read aloud to me if I wish; and to enter a plea of either guilty or not guilty before the judge. After consultation with my attorney, I wish to plead not guilty. By signing this document, I wish to advise the court of the following. I willingly give up my right to appear in a courtroom in the Southern District of New York to advise the court that: | | | | | | | | |
| | 2) I | have received and do not need the ju plead not guilty to | idge to read | the indictm | nent aloud | to me | | | |
| Date: | 11/10/21 <u>8/ Ro</u> Signature | <i>havíl Cru</i> of Defendant | % | | | | | | |
| | Roh Print Nam | aril Cruz e | | | | | | | |
| _X | Bail Hearing | | | | | | | | |
| | I am applying or in the future may apply for release from detention, or if not detained, for modificati the conditions of my release from custody, that is, my bail conditions. I understand that I have a rig appear before a judge in a courtroom in the Southern District of New York at the time that my attomakes such an application. I have discussed these rights with my attorney and wish to give up these for the period of time in which access to the courthouse has been restricted on account of the COV pandemic. I request that my attorney be permitted to make applications for my release from custo for modification of the conditions of my release even though I will not be present, and to make applications in writing or by telephone in my attorney's discretion. | | | | | | | have a right to at my attorney up these rights the COVID-19 com custody or | |
| Date: | 11/10/21 <u>&/ Ro</u> Signature | <u>havíl Cru</u> of Defendant | <u>/</u> / | | | | | | |
| | Roh Print Nam | aril Cruz e | | | | | | | |

X Conference

I have been charged in an indictment with violations of federal law. I understand that I have a right to be present at all conferences concerning this indictment that are held by a judge in the Southern District of New York, unless the conference involves only a question of law. I understand that at these conferences the judge may, among other things, 1) set a schedule for the case including the date at which the trial will be held, and 2) determine whether, under the Speedy Trial Act, certain periods of time should be properly excluded in setting the time by which the trial must occur. I have discussed these issues with my attorney and wish to give up my right to be present at the conferences. By signing this document, I wish to advise the court that I willingly give up my right to be present at the conferences in my case for the period of time in which access to the courthouse has been restricted on account of the COVID-19 pandemic. I request that my attorney be permitted to represent my interests at the proceedings even though I will not be present.

Date: 11/10/21 S Rohavil Cruz
Signature of Defendant

Roharil Cruz

Print Name

I hereby affirm that I am aware of my obligation to discuss with my client the charges contained in the indictment, my client's rights to attend and participate in the criminal proceedings encompassed by this waiver, and this waiver form. I affirm that my client knowingly and voluntarily consents to the proceedings being held in my client's absence. I will inform my client of what transpires at the proceedings and provide my client with a copy of the transcript of the proceedings, if requested. I have further requested from and been given permission by my client to sign his name to this document, after discussing its contents and securing his consent.

Date: 11/10/21 Sam Braverman

Signature of Defense Counsel

Samuel M. Braverman, Esq.

Print Name

Accepted:

Signature of Judge

Date: 11/15/2021